

**California State Assembly  
Select Committee on Substance Abuse  
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Adolescent Treatment in California  
By David Pating, M.D.  
*(President, California Society of Addiction Medicine)*

**Introduction**

Mister Chair and Members of the Committee, thank you for the opportunity to testify before you on the state of Substance Abuse Treatment in California

I'm David Pating, an Addiction Medicine Physician at Kaiser San Francisco and a commissioner for the California Proposition 63 Mental Health Services Oversight and Accountability Commission. I speak to you today as President of the California Society of Addiction Medicine.

The staff is providing you with a written copy of my testimony and some pertinent background information.

The California Society of Addiction Medicine is California's leading physician group dedicated to improving the access and availability of evidence-based treatment for addictions.

We believe Addictions are Chronic Brain Diseases <sup>1</sup>. We support a Public Health approach to addictions, which balances Public Safety with Accessible Treatment.

CSAM has developed a comprehensive "California Blueprint to Improve Addiction Treatment." We've shared the essential recommendations of this document with Assemblyman Beall's staff and placed a copy in your briefing. Today, I focus on our recommendations to treat adolescent substance abuse.

**The Problem of Adolescent Substance Abuse**

There is a state of crisis in California over the lack of substance abuse treatment for children and teens. This problem has been vividly detailed in multiple reports including the 2004 report by the Charles and Helen Schwab Foundation, the 2003 report by the California Little Hoover Commission and the 2002 Report by the Physicians Leadership in National Drug Policy.

California suffers from two woes: lack of funding for adolescent drug treatment and lack of coordination of services.

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<sup>1</sup> Leshner, A., "Addiction is A Brain Disease," Issues in Science & Technology, 2001.

Currently, about 220,000 California adolescents need treatment. Yet, only 1 in 10 of those receive care.

Few treatment programs outside the criminal justice system provide treatment for youth. Most programs rely on private funds or cobble together government dollars.<sup>2</sup> In addition, most privately insured youth—except for those covered by Kaiser—lack adequate treatment benefits.

This is an alarming problem in light of 2005 data indicating that 50% of 12<sup>th</sup> graders tried illicit drugs and one-in-four is a current user. More worrisome is the pattern of drug use among teens indicating that kids are using drugs earlier, using harder drugs and with greater associated high-risk behaviors. And research indicates that the younger people start using drugs, the more likely they will have drug problems as adults.

In a recent Kaiser sample of 419 teens entering substance abuse treatment:<sup>3</sup>

- The mean age of initiation is an astounding 11 ½ years of age!
- Girls have a greater severity of use of alcohol, stimulants, party drugs, sedatives, oxycontin, cocaine, and heroin. And girls progress to severe addiction sooner.
- Kaiser adolescents entering treatment have high levels of medical and psychiatric co-morbidity. Up to 60% have a psychiatric illness, 30% report chronic health problems (primarily asthma) and 15% reported past pregnancies.
- Lastly, these adolescents engaged in behaviors that placed them at higher risk for HIV, such as needle sharing, sex with multiple partners, and infrequent use of condoms.

### **Effective Treatment Guidelines are Available**

Fortunately, there is hope. Effective treatment guidelines are available. And treatment for adolescent substance abuse works!

At Kaiser, six months after intake, 56% of those in treatment recorded 30 consecutive days of abstinence from drugs and alcohol.

Those who received dual-diagnosis services, both Psychiatric and Chemical Dependency showed significantly improved rates of abstinence and the success was even stronger in cases where the services were provided in the same facility.

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<sup>2</sup> Little Hoover Commission, For Our Health & Safety: Joining Forces to Defeat Addiction, 2003.

<sup>3</sup> Stacy Sterling, Kaiser Permanente Department of Research—Drug and Alcohol Research Team, personal communication.

But adolescents are not just small adults; and adolescent treatment is cannot be adult treatment for kids.

Youth have specific development challenges, complicated by troubled family environments, depression, sexual promiscuity, school truancy and criminal behavior.

Substance abuse treatment for youth must be integrated with foster home services, the juvenile justice system, mental health services and schools. Unfortunately, coordination among these agencies, either at the state or county level, is the exception rather than the rule.

### **Recommendations to Improve Adolescent Drug Treatment in California**

The solution to California's crisis in youth treatment requires a commitment to 4 goals. We must 1) prevent and delay drug use, 2) facilitate early diagnosis of substance abuse, 3) assure adequate public and private treatment funding and 4) coordinate services.

To meet these goals, the 2004 Schwab Foundation report made the following policy recommendations, which I believe are sound and reasonable.<sup>4</sup> To this list, CSAM provides some concrete suggestions for immediate legislative action.

The Schwab Foundation recommends:

1. Create a Governor's Council to coordinate the State's implementation of Adolescent Treatment Services.
2. Require counties to develop an evidence-based continuum of services overseen by the Board of Supervisors.
3. Mandate adherence to the Dept of alcohol and Drug Program Youth Treatment Guidelines.
4. Implement Standardized Screening and Assessment programs for Adolescent Alcohol and Drug Abuse use in health facilities, schools and the criminal justice system.
5. Establish new and sustainable funding dedicated to adolescent substance abuse treatment.
6. Mandate health insurance parity coverage for adolescent substance abuse treatment.
7. Require the California Outcome Measuring System (Cal-OMS) to collect data on every adolescent entering treatment.
8. Sponsor a public information campaign to increase awareness of adolescent substance abuse as a public health problem.

CSAM believes these are excellent recommendations to which we would add the following for immediate action:

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<sup>4</sup> Charles Schwab Foundation, "The Need to Invest in Adolescent Treatment: Policy Recommendations for Adolescent Substance Abuse Treatment in California, 2004.

1. Prevention:
  - a. Ask the Department of Mental Health to examine ways in which the Proposition 63 prevention efforts targeting adolescent mental health could also incorporate substance abuse prevention.
  - b. Ask the Dept of Alcohol and Drug Programs to integrate adolescent substance abuse into its recently mandated statewide Methamphetamine Prevention campaign.<sup>5</sup>
2. Early Intervention: Support AB1461 (Krekorian) to pilot brief intervention for substance abuse treatment in emergency rooms. If this demonstration pilot proves effective in 2 years, similar interventions could be piloted in schools or the criminal justice system.
3. New and Sustainable Funding:
  - a. Support SB119 (Cedillo) in remove silo-barriers to utilize existing Medi-CAL funding for youth treatment.
  - b. Support AB345 (Saldana), which would tax Alcopops as a liquor, with an anticipated \$50M revenue reserved for youth prevention and treatment.
  - c. Require CALPERS to study its modal benefits design to see if it provides adequate coverage to meets nationally recommended standards necessary to provide effective level of care.

Alternately, support full-parity for adolescent substance abuse treatment equal to coverage for other medical disorders.
4. Coordination of Services: Request DMH and ADP to address integration of adolescent mental health and substance abuse in its co-occurring disorders joint action council; and to submit a detailed report to this commission an inventory of available adolescent services and adolescent substance abuse treatment service gaps by county.

In summary, the road to improve adolescent substance abuse treatment in California will require sustained focus and financial commitment. I hope these recommendations by CSAM have been useful in expediting the journey.

Thank you for your time. I would be happy to answer any questions.

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<sup>5</sup> CSAM, CSAM Recommendations to Improve California's Response to Methamphetamine—Report to the Senate Select Committee on Methamphetamine, 2006